RESEARCH PROPOSAL

Communicable disease and women: a study of female patient of Tuberculosis

For Registration to the Degree of Doctor of Philosophy

IN THE FACULTY OF SOCIAL SCIENCE

THE IIS UNIVERSITY, JAIPUR

Submitted by

Arpita Hundawal

ICG/2018/26412

Under the supervision of

Dr. Pragya Sharma Senior Assistant Professor

Department of sociology

May, 2019

INTRODUCTION

- It is a chronic bacterial disease and highly infections.
- Tuberculosis spreads through air and affects the lungs of the person.
- It is caused by tubercle bacillus discovered by a German scientist.
- It is a disease is prevalent in all over the world.
- This is prevalent both in tropical and temperate climate.

SPREAD OF DISEASE

- By inhalation of droplets expelled by the patient through, sneezing, coughing, yawning, speaking loudly, etc.
- Infected articles, clothes, utensils, etc. may spread the disease.
- Heredity transmission of tuberculosis does not occur.
- Sometimes flies play an important role in spreading the disease.
- INCUBATION PERIOD: incubation period is about four to six weeks.

SYMPTOMS:

- the characteristics symptoms occur slowly. Initially, the patient feels easily exhausted fatigue, doing ordinary work and feels excessive fatigue.
- Loss of appetite, hoarseness of throat, pain in the chest due to infected lungs.

CONTROL AND PREVENTION

- Health and general sanitary conditions of the community should be taken good care of. Every human being should live in fresh air and sunshine. Open space for fresh air should be provided in the streets, markets, buildings, etc.
- Workers of cotton and ginning mills, coal mines, tobacco bidi making, etc. should wear protective shield to prevalent inhalation of dust or silica dust.
- Government and other voluntary agencies should undertake the tuberculosis eradication project effectively so that the general mass benefits from the programme.

Two kinds of tuberculosis infection:

Latent TB - the bacteria remain in the body in an inactive state. They cause no symptoms and are not contagious, but they can become active. Active TB - the bacteria do cause symptoms and can be transmitted to others.

About one-third of the world's population is believed to have latent TB. There is a 10 percent chance of latent TB becoming active, but this risk is much higher in people who have compromised immune systems, i.e., people living with HIV or malnutrition, or people who smoke.

Revised National Tuberculosis Control Programme

Based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, was launched in 1997.Full nation-wide coverage was achieved in March 2006.

Free treatment services are available for TB at all Government hospitals, Community Health Centers (CHC), Primary Health Centers (PHCs). DOT centers have been established near to residence of patients to the extent possible.

All public health facilities , subs centers , Community Volunteers, ASHA, Women Self Groups etc. also function as DOT Providers/DOT Centers.

Directly observed treatment, short-course

- Directly observed treatment, short-course (DOTS, also known as TB-DOTS) is the name given to the tuberculosis (TB) control strategy recommended by the world health organization. According to WHO, "The most cost-effective way to stop the spread of TB in communities with a high incidence is by curing it. The best curative method for TB is known as DOTS."
- DOTS have five main components:
- Government commitment (including political will at all levels, and establishment of a centralized and prioritized system of TB monitoring, recording and training)
- Case detection by sputum smear microscopy
- Standardized treatment regimen directly of six to nine months observed by a healthcare worker or community health worker for at least the first two months
- Drug supply
- A standardized recording and reporting system that allows assessment of treatment results
- DOTS-Plus is for multi-drug-resistent tuberculosis(MDR-TB).

OBJECTIVES

1. To find out the challenges faced by the tuberculosis Patient in society.

2. To understand the effect of tuberculosis on economy of Patient and family.

3. To analyze the change in behavior Pattern of family member, friends, relatives towards female tuberculosis Patient.

4. To understand the perception and awareness towards tuberculosis.

5. To find out whether there has been a change in the behavior of female Patient due to incidence of tuberculosis.

6. Changes has the incidence of the tuberculosis altered the lifestyle of patient.

7. Impact of socio-economic factor on the incidence of tb among females.

8. to understand the relationship of education and tuberculosis.

TOOL FOR DATA COLLECTION

Almost care will be taken while collecting the data so as to maintain objectivity and gather appropriate facts so that the objectives and purpose of the study are met with.

The following tools will be used for the purpose of the study:

1. Schedule: For the purpose of collecting first- hand information and facilitating comparison of data, a schedule will be prepared. This schedule will be used for securing the information from the respondents.

2. Unstructured interview: Due to the qualitative nature of the study, it is assumed that besides the questions included in the schedule, certain supplementary questions will be needed to be used. It is assumed that by giving the respondents, attentions, attitudes and opinions as they deem it. Hence an unstructured interview will be conducted on the respondents.

3. Observation: To unable the investigator to view and verify personally the condition of the respondents this technique will be made use of.

4. Secondary sources: These sources help in providing certain information which may be difficult to obtain otherwise. Besides, these sources also help in sulamenting the information acquired through primary sources as well as providing a guidance to the investigator.

AREA/ UNIVERSE

1. The area for the purpose of the study is Jaipur.
2. 200 female respondents will be selected for the purpose of the study area Jaipur national university hospital of Jaipur city.

SAMPLE

1. In 1 year (3 months time period gap) all the patient who visit in hospital will be included in the sample size.
2. Methods include a variety of methodologies including direct observation, interview, schedule and direct contact with the female tuberculosis patient.

SAMPLING

This method is Non- Purposive sampling.